(Print Name of lobbyist)

PLEASE PRINT

STATE OF NEW HAMPSHIRE

2018 Statement of Income and Expenses for LOBBYISTS

(RSA Chapter 15)

RECEIVED

NOV 0 1 2018

NEW HAMPSHIRE

I. Name of Lobbyist(s) Michael A. Chowantec			DEPARTMENT OF STA	
II. Name of lobbyist's partner	ship, firm or corporation, if a	ny:		
Charter Com	munications, Inc.			
(Name of partn	ership. firm or eorporation)			
400 Atlantic Street	Stamford	CT	06901	
Business Address: (Street)	(Town/City)	(State)	(Zip Code)	
(203) 561-3492	()		e-mail michael.chowaniec@charter.com	
(Telephone)	(Fax))		
III. This statement covers: (C reportable expense transactio	ns which are not attributable	to any one client).		
,	r Communications, Inc.		5	
	me of Client as it appears on the Lo	obbyist Registration Form)		
OR		•		
☐ All reportable transactions b unrelated to any particular clien		obyist's family), or the lobbyi	ing firm listed below which are	
April 25, 2018 IV. Date of Report activity from date of registration to 3/31/18 Reports cover:		July 25, 2018 activity from 4/1/18 to 6/30/18		
	er 31, 2018 🖺 om 7/1/18 to 9/30/18	January 30, 2019 activity from 10/1/18 to 12/		
V. There have been no fees If this box is checked, complete Concord, NH 03301.	received and no reportable just this form and submit it to the	e transactions made since he Secretary of State's Office.	e the last report. \(\Delta\) State House, Room 204,	
VI. Check if additional report	is are attached:			
☐ If you have received fees o	r made expenditures, you must f	file Addendum A– Fees and	Expenses	
☐ If you have paid an honoral Expense Reimbursement	rium or reimbursed expenses, yo	ou must file Addendum B- f	Report of Honorariums or	
☐ If you, your firm, or your fa	amily has made political contrib	outions, you must file Adden	dum C- Political Contributions	
and complete to the best of my	, RSA 14-C and RSA 664 and h knowledge and belief.	nereby swear or affirm that th	e foregoing information is true	
1=1L			r 22, 2018	
(Signature of lobbyist)		(E	Date)	
Michael A Chowanies				